- Diagnosis and treatment for personal growth and/or development, or in conjunction with professional precertification
- Services, treatment or supplies obtained through or required by any governmental agency or program, whether federal, state or local, except as required by law

For questions about your chemical dependency benefits, contact Premera Blue Cross at (877) 728-9020.

Chiropractic Care

Chiropractic care is covered under the Your Care PPO Plus plan. Chiropractic care is not covered under the Your Care PPO Standard or Routine Care PPO plans.

Benefits are provided for medically necessary chiropractic care provided by a chiropractor to treat a covered illness, injury or condition. The plan covers up to 15 visits by a chiropractor per plan year.

For information on spinal and other manipulation services provided by a provider other than a chiropractor, see "Spinal and Other Manipulations" on page 79.

Convalescent Care (Skilled Nursing Facility)

A convalescent or skilled nursing facility is an institution licensed to provide 24-hour nursing care for people recuperating from a sickness or injury. Skilled nursing care is provided either by a registered nurse (R.N.) or licensed practical nurse (L.P.N.).

Physical restoration services are also designed to help patients care for themselves in their daily living.

This benefit is only provided when you're at a point in your recovery where inpatient hospital care is no longer medically necessary, but skilled care in a skilled nursing facility or convalescent facility is. Your attending physician must actively supervise your care while you're confined in the facility.

Benefits are provided for up to 60 days per member each plan year for services and supplies, including room and board expenses, furnished by and used while confined in a medical facility providing services that require the direction of a physician and nursing supervised by a registered nurse, and that's approved by Medicare or would qualify for Medicare approval if requested.

A skilled nursing or convalescent facility is not an inpatient mental health/chemical dependency treatment facility or hospital. See page 70 for information about mental health care and page 58 for information about chemical dependency treatment coverage.

What is not covered

The following convalescent care services are not covered:

- Custodial care
- Private duty or special nursing care services

- Convalescent facility care is not covered by Starbucks medical plans for the treatment of drug addiction, chronic brain syndrome, alcoholism, senility and any other mental disorder

Doctor Office Visits

When you need to see a physician for the treatment of an illness or injury, the services you receive in the doctor's office or hospital are covered under Starbucks medical plans. A physician is considered a state-licensed:

- Doctor of Medicine and Surgery (M.D.)
- Doctor of Osteopathy (D.O.)

In addition, professional services provided by one of the following types of providers will be covered under this plan (unless specifically excluded and up to specified plan limits), but only when the provider is providing a service within the scope of his or her state license; providing a service or supply for which benefits are specified in this plan; and providing a service for which benefits would be payable if the service were provided by a physician as defined above:

- Chiropractor (D.C.)
- Dentist (D.D.S. or D.M.D.)
- Optometrist (O.D.)
- Podiatrist (D.P.M.)
- Psychologist (Ph.D.)
- Nurse (R.N.)

What the plans cover

Benefits are provided for the examination, diagnosis and treatment of an illness or injury when such services are performed on an inpatient or outpatient basis, including in your home. Medically necessary lab work and x-rays billed by your doctor or another provider will be covered as laboratory, x-ray and imaging expenses. See page 69 for more information.

Durable Medical or Surgical Equipment

Durable medical and surgical equipment is defined as equipment that is:

- Mechanical and made to withstand prolonged use
- Made for and mainly used in the treatment of a disease or injury
- Suited for use in the home
- Not normally of use to persons who do not have a disease or injury
- Not for use in altering air quality or temperature
- Not for exercise or training

What the plans cover

Starbucks medical plans cover medically necessary durable medical equipment, such as oxygen tents, wheelchairs, crutches, hospital beds and artificial limbs and eyes. Benefits also include coverage for medically necessary prosthetics and orthotics.

At Premera's discretion, rental or purchase of the equipment will be covered, depending on which is most cost-effective.

What is not covered

- Supplies or equipment not primarily intended for medical use
- Special or extra-cost convenience features
- Items such as exercise equipment and weights
- Whirlpools, whirlpool baths, portable whirlpool pumps, sauna baths and massage devices
- Overbed tables, elevators, vision aids and telephone alert systems
- Structural modifications to your home or personal vehicle
- Orthopedic appliances prescribed primarily for use during participation in sports, recreation or similar activities
- Penile prostheses
- Charges for more than one piece of equipment intended for the same or similar purpose

What Are Prosthetics?

A prosthetic is a medical device that replaces all or part of internal body organs or external body parts lost or impaired as a result of disease or injury.

What Are Orthotics?

An orthotic is a support or brace applied to an existing portion of the body for weak or ineffective joints or muscles to aid, restore or improve function.

Emergency and Urgent Care

Emergency care and urgent care are defined differently. It is important that you understand the differences in order to use your plan effectively.

Emergency care

Emergency care is defined as treatment given when you suddenly and severely get sick, experience an acute onset of a symptom or symptoms, including severe pain, or suffer an injury. Your condition, illness or injury should lead

a prudent layperson acting reasonably to believe that a health condition exists that requires immediate medical attention, if failure to get immediate medical care could result in:

- Placing your health in serious jeopardy
- Serious impairment to bodily function
- Serious dysfunction of a body part or organ
- In the case of pregnancy, serious jeopardy to the health of the fetus

A "prudent layperson" is someone who has an average knowledge of health and medicine. Examples of a medical emergency are severe pain, suspected heart attacks and fractures. Examples of a non-medical emergency are minor cuts and scrapes.

If you have a true life-threatening medical emergency, get care immediately from the nearest facility. Benefits are paid at the same level regardless of whether the emergency room is within a network facility.

There is no coverage if you visit an emergency room for a condition that does not meet one of the four criteria listed above.

What the plans cover

Medically necessary emergency care received in the emergency room of a hospital, including related services and supplies, such as surgical dressings and drugs, furnished by and used while in the emergency room are covered. This benefit covers outpatient diagnostic services when they are billed by the emergency room and are received in combination with other hospital or emergency room services.

Starbucks medical plans also provide coverage for licensed surface transportation (ground or water) and air ambulance to the nearest medical facility equipped to treat your condition, when other modes of transportation would endanger your health or safety. Benefits are also provided for transportation from one medical facility to another, as necessary for your condition. This benefit only covers the member that requires transportation.

What is not covered

Non-emergency care received in the emergency room is not covered under Starbucks medical plans.

Urgent care

Urgent care is defined as a sudden illness, injury or condition that:

- Is severe enough to require prompt medical attention to avoid serious deterioration of the covered person's health
- Includes a condition that would subject the covered person to severe pain that could not be adequately managed without urgent care or treatment
- Does not require the level of care provided in the emergency room of a hospital
- Requires immediate outpatient medical care that cannot be postponed until the covered person's physician becomes reasonably available

What the plans cover

Services received from an urgent care provider to evaluate and treat an urgent condition are covered. Benefits are paid at the same level whether you see a network or non-network provider.

The services you receive in an urgent care clinic for the treatment of an illness or injury are covered under Starbucks medical plans, as long as you pay the required copay and coinsurance.

What is an urgent care provider?

An urgent care provider is:

- A freestanding medical facility that:
  - » Provides unscheduled medical services to treat an urgent condition if the person's physician is not reasonably available
  - » Routinely provides ongoing unscheduled medical services
  - » Is run by a staff of physicians with at least one physician on call at all times
- A physician's office, but only one that:
  - » Has contracted with Premera to provide urgent care and is included in the provider directory as a preferred urgent care provider

An urgent care provider is not the emergency room or outpatient department of a hospital.

Treatment by an Urgent Care Provider

You should not seek medical care or treatment from an urgent care provider if your illness, injury or condition is an emergency condition. Go directly to the emergency room of a hospital or call 911 (or the local equivalent) for ambulance and medical assistance.

Family Planning Services

The family planning services listed below are covered by Starbucks medical plans if provided by a doctor or hospital:

- Vasectomy for voluntary sterilization
- Tubal ligation for voluntary sterilization
- Voluntary abortion
- Therapeutic abortion
- Oral and injectable fertility drugs (some fertility drugs may be covered under the prescription drug benefit, depending on the drug and how it is administered)
- Fitting of contraceptive devices, injectable contraceptives, Norplant and charges for the administration or injection of contraceptives, and surgical implantation or removal and re-implantation of Norplant capsules in the upper arm

Reversal of a sterilization procedure and artificially assisted reproduction, such as in vitro fertilization, artificial insemination and embryo transfer procedures are not covered.

For information on outpatient surgery performed in a hospital, see "Hospitalization" on page 68.

Oral contraceptives

You may be covered for oral contraceptives. See the Prescription Drugs chapter for more details.

What about infertility treatment?

Starbucks medical plans cover the diagnosis and treatment of an underlying medical condition, such as an ovarian cyst. Artificially assisted reproductive technologies, such as in vitro fertilization and artificial insemination, are not covered. If you are considering adoption, see the Adoption Assistance chapter for information about that benefit.

Hearing Exam and Hearing Aids

The Your Care PPO Plus plan provides coverage for routine hearing exams and/or hearing aids. Hearing exams and hearing aids are not covered under the Your Care PPO Standard and Routine Care PPO plans.

A routine hearing exam is an audiometric exam performed by one of the following:

- Certified otolaryngologist
- Certified otologist
- Legally licensed or credentialed audiologist who performs the exams at the written direction of a legally qualified otolaryngologist or otologist

What is covered

Hearing exams

Coverage is limited to one exam every 24 consecutive months.

Hearing exam services include:

- Examination of the inside and exterior of the ear
- Observation and evaluation of hearing, such as whispered voice and tuning fork
- Case history and recommendations
- Hearing testing services, including the use of calibrated equipment

The routine hearing exam benefit does not cover any ear or hearing exam to diagnose or treat a disease or injury. (See your family physician for these services.)

Hearing aids

To receive your hearing hardware benefit:

- You must be examined by a licensed physician (M.D. or D.O.) or audiologist (CCC-A or CCC-MSPA) before obtaining hearing aids.
- You must purchase a hearing aid device.
- Benefits are provided for the following:
  - » Hearing aids (monaural or binaural) prescribed as a result of an exam
  - » Ear molds

page
page
main table of contents
chapter table of contents
back
index
search

» The hearing aid instruments

» Hearing aid rental while the primary unit is being repaired

» The initial batteries, cords and other necessary ancillary equipment

» A warranty

» A follow-up consultation within 30 days following delivery of the hearing aids with either the prescribing physician or audiologist

» Repairs, servicing and alteration of hearing aid equipment purchased under this benefit

What is not covered

- Hearing aids purchased before your effective date of coverage under this plan
- Batteries or other ancillary equipment other than that obtained upon purchase of the hearing aids
- Hearing aids that exceed the specifications prescribed for correction of hearing loss
- Expenses incurred after your coverage under this plan ends unless hearing aids were ordered before that date and were delivered within 90 days after the date your coverage ended
- Charges in excess of this benefit; these expenses are also not eligible for coverage under other benefits of this plan
- Drugs or medicines
- Any hearing care service or supply covered under any workers' compensation law or other law of similar purpose, whether benefits are payable on all or part of the charges
- Exams in any way related to employment
- Any hearing care service or supply that does not meet professionally accepted standards

Home Health Care

Home health care provides for the care and treatment of a sickness or injury in the patient's home as part of a home health care plan. This care and treatment must be part of a written treatment plan prescribed and periodically reviewed and approved by a physician (M.D. or D.O.). In the plan of care, the physician must certify that confinement in a hospital or skilled nursing facility would be required without home health services.

Covered services must be furnished and billed by a home health agency or home health care provider that is Medicare-certified or is licensed or certified by the state it operates in.

Covered employees of a home health agency are a registered nurse, a licensed practical nurse, a licensed physical therapist or occupational therapist, a certified respiratory therapist, a speech therapist certified by the American Speech, Language, and Hearing Association, a home health aide directly supervised by one of the above providers (performing services prescribed in the plan of care to achieve the desired medical results) and a person with a master's degree in social work. Also included in this benefit are medical equipment and supplies provided as part of home health care.

What the plans cover

Covered home health care charges include:

- Part-time or intermittent care by a registered nurse (R.N.) — or a licensed practical nurse (L.P.N.) if an R.N. is not available

- Part-time or intermittent home health aide services for patient care
- Physical, occupational and speech therapy

Charges for medical supplies, drugs and medicines and lab services are covered to the extent they would have been covered if a person had been confined in a hospital or convalescent facility.

The maximum number of covered home health care visits is 120 per plan year. Each visit by a nurse or therapist counts as one visit. Each home health aide visit of up to four hours counts as one visit.

What is not covered

Home health care coverage does not include:

- Services or supplies not part of the home health care plan
- Services of a person who usually lives with you or is a member of your or your spouse or domestic partner's family
- Transportation

Hospice Care

Hospice care is care for terminally ill people — with six or fewer months to live — in conjunction with a hospice care program. A hospice care program is designed to provide medically necessary supportive care to terminally ill persons and their families.

Covered services must be furnished and billed by a hospice care provider that is Medicare-certified or is licensed or certified by the state it operates in. To be covered, hospice care must be part of a written plan of care prescribed, periodically reviewed, and approved by a physician (M.D. or D.O.).

Licensed hospice care agencies and facilities provide care 24 hours a day, including skilled nursing services. The facility also provides other services, including doctor services, physical or occupational therapy, part-time home health aide services and inpatient care in a facility when needed for pain control and acute/chronic symptom management.

What the plans cover

- In-home intermittent hospice visits
- Respite care up to a maximum of 120 hours, to relieve anyone who lives with and cares for the terminally ill member
- Inpatient hospice care, including services and supplies while you're a hospice inpatient, such as solutions, medications or dressings, when ordered by the attending physician

What is not covered

The following hospice expenses are not covered:

- Funeral arrangements
- Pastoral, spiritual or bereavement counseling
- Financial or legal counseling, including estate planning or the drafting of a will

- Homemaker or caretaker services, including companion services, transportation, housecleaning or other maintenance
- Over-the-counter drugs, solutions and nutritional supplements
- Services of family members or volunteers
- Services, supplies or providers not in the written plan of care or not named as covered in this benefit
- Custodial care, except for hospice care services
- Dietary assistance, such as "Meals on Wheels," or nutritional guidance

Hospitalization

For purposes of Starbucks medical plans, a hospital is a place that mainly provides inpatient facilities for the surgical and medical diagnosis, treatment and care of sick and injured people. It is supervised by a staff of physicians, provides 24-hour-a-day registered nurse (R.N.) services and charges for its services. A hospital is not a nursing home, treatment facility for mental health/chemical dependency or convalescent facility.

Outpatient hospital care

Starbucks medical plans cover medically necessary hospital charges for services and supplies, including lab and x-rays, that are given to you when you are not hospitalized as a full-time inpatient.

Inpatient hospital care

Starbucks medical plans provide coverage for these services when you need medically necessary inpatient hospital care:

- Daily room and board
- Lab, x-ray and imaging
- Anesthetics and oxygen
- Other inpatient hospital services and supplies

For specifics on how surgeons' fees are covered, see "Surgery" on page 80.

Maternity stays

This benefit covers inpatient hospital, birthing center, outpatient hospital and emergency room services, including post-delivery care as determined necessary by the attending provider, in consultation with the mother, based on accepted medical practice. Attending provider for this benefit means a physician (M.D. or D.O.), a physician's assistant, a certified nurse midwife (C.N.M.), a licensed midwife or an advanced registered nurse practitioner (A.R.N.P.).

Maternity stays will be covered for a minimum of 48 hours following a normal delivery and a minimum of 96 hours following a Cesarean section. However, the decision to discharge the mother or her newborn child before the expiration of the minimum length of stay is made by an attending provider in consultation with the mother.

Plan benefits are also provided for medically necessary supplies related to home births.

page
page
main table of contents
chapter table of contents
back
index
search

Laboratory, X-ray and Imaging Expenses

Starbucks medical plans cover preventive and diagnostic laboratory, x-ray and imaging services, including administration and interpretation. Some examples of what's covered are:

- Diagnostic imaging and scans (including x-rays and EKGs)
- Laboratory services, including routine and preventive
- Pathology tests

Special notes:

- Diagnostic surgeries can only be covered under the surgery benefit.
- When covered inpatient diagnostic services are furnished and billed by an inpatient facility, they are only eligible for coverage under the applicable inpatient facility benefit.
- When outpatient diagnostic services are billed by an outpatient facility or emergency room and received in combination with other hospital or emergency room services, benefits are provided under the hospital outpatient or emergency room services benefits.

Mammography

This benefit covers preventive and diagnostic mammography recommended by your physician, advanced registered nurse practitioner or physician's assistant.

Preventive mammography services must be provided by a network provider. Preventive mammography services provided by a non-network provider are not covered.

Medically Necessary

Under Starbucks plans administered by Premera, medically necessary services or supplies are those that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease

For these purposes, "generally accepted standards of medical practice" mean standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.

If you are unsure as to whether your procedure is considered medically necessary, contact Premera at (877) 728-9020. If your procedure requires a medical necessity review, you or your provider can fax information to (800) 843-1114.

What Is Not Considered Medically Necessary?

The following items are not considered medically necessary:

- Services or supplies that do not require the technical skills of a medical, mental health or dental professional.
- Services or supplies furnished mainly for the personal comfort or convenience of the patient, caretaker, family, health care provider or health care facility.
- Services or supplies provided while you are being treated as an inpatient but when you could receive treatment, care or diagnosis as an outpatient.

Mental Health Treatment

What the plans cover

You are covered for medically necessary mental health treatment as long as you remain enrolled in a Starbucks medical plan administered by Premera. Covered mental health treatment includes:

- Inpatient hospitalization
- Partial hospitalization
- Intensive outpatient treatment
- Residential treatment
- Outpatient care

Before seeking mental health treatment, consider using the Employee Assistance Program (EAP) to receive information, consultation, resources and up to three counseling sessions in a six-month period with an EAP network counselor at no cost to you.

Mental health benefits are available for treatment of a psychiatric condition defined as a condition in the Diagnostic and Statistical Manual (DSM) IV published by the American Psychiatric Association, excluding diagnoses and treatment for substance abuse, 291.0 through 292.9 and 303.0 through 305.9.

Covered services must be furnished by one of the following types of providers:

- Hospital
- Facilities that are state-licensed for inpatient treatment of involuntarily committed patients
- State-licensed community mental health agency
- Licensed physician (M.D. or D.O.)
- Licensed psychologist (Ph.D.)
- Any other provider who is licensed or certified by the state in which the care is provided and who is providing care within the scope of his or her license

Inpatient care

Inpatient care is the highest level of skilled psychiatric services provided in a facility, such as a freestanding psychiatric hospital or a psychiatric unit of a general hospital. Settings that are eligible for this level of care are licensed at the hospital level and provide 24-hour medical and nursing care.

Your covered expenses for treatment in a hospital or treatment facility include:

- Treatment of mental health disorders
- Room and board

Partial hospitalization, intensive outpatient care and residential treatment

When you require care that is more intensive than outpatient visits but not as acute as inpatient hospitalization, the plan covers alternative levels of care including partial hospitalization, intensive outpatient care and residential treatment.

Partial hospitalization refers to hospital or hospital-like services provided, generally 6 to 8 hours a day and 5 to 7 days per week. The patient returns home each evening.

Intensive outpatient care refers to care delivered on an outpatient basis, generally in a hospital or other facility setting, usually more than two times per week. Care is generally provided in a structured group format.

Residential treatment refers to 24-hour-a-day sub-acute care, supervision and support in a licensed residential facility under the supervision of licensed or certified mental health professionals.

Outpatient care

Generally, outpatient care is individual or group counseling.

Network providers

The Premera network has a full range of providers, including hospitals, day hospital programs, outpatient centers, residential treatment centers, clinics, psychiatrists, psychologists, clinical social workers and other behavioral health care providers.

You can obtain a list of network providers by linking to Premera's online provider directory from www.mysbuxben.com or by calling Premera at (877) 728-9020.

What is not covered

The following services are not covered by your mental health benefits:

- Psychological treatment of sexual dysfunctions, including impotence and frigidity
- Biofeedback services for psychiatric conditions other than generalized anxiety disorder
- EEG biofeedback or neurofeedback services
- Family and marital counseling, and family and marital psychotherapy, as distinct from counseling, except when medically necessary to treat the diagnosed mental disorder or disorders of a member
- Services, treatments or supplies primarily for rest, custodial, domiciliary or convalescent care

- Diagnosis and treatment for personal growth and/or development or in conjunction with professional precertification
- Ancillary services such as:
  - » Vocational rehabilitation
  - » Activities of daily living training
  - » Sleep therapy
  - » Employment counseling
  - » Treatment, training or education therapy for learning disabilities and other developmental disorders
  - » Other educational services
- Services, treatment or supplies obtained through or required by any governmental agency or program, whether federal, state or local, except as required by law
- Psychological examination, testing or treatment to satisfy an employer's, prospective employer's or other party's requirements for gaining employment, licensing or insurance — or for the purposes of judicial or administrative proceedings, including parole or probation proceedings
- Psychological testing, except as specified under the Psychological and Neuropsychological Testing benefit on page 77.
- Treatment for the cessation of smoking, including supplies
- Stress management therapy without a covered psychiatric diagnosis
- Treatment of pain, except for medically necessary treatment of pain with psychological or psychosomatic origins as determined by Premera
- Sex therapy or treatment for sexual deviance or diagnosis, or treatment in conjunction with sexual reassignment procedures

Mouth, Jaws and Teeth Conditions

Starbucks medical plans cover expenses for services and supplies related to the treatment of certain conditions of the teeth, mouth, jaws, jaw joints or supporting tissues (including bones, muscles and nerves). The services may include care provided by a dentist.

All treatment must be medically necessary. Following are the types of care covered by Starbucks medical plans:

- Inpatient and outpatient hospital services and supplies for surgery necessary to:
  - » Treat a fracture, dislocation or wound
  - » Remove cysts, tumors or other diseased tissue

Dental accident or injury

Dental work, surgery and orthodontic treatment when directly related to an injury sustained while you are covered under the plan is covered if it is needed to remove, repair, replace, restore or reposition when all of the following apply:

- Necessary as a direct result of an accident or injury

- Performed within the scope of the provider's license
- Not required due to damage from biting or chewing
- Rendered on natural teeth that were free from decay and otherwise functionally sound at the time of the injury; "functionally sound" means that the affected teeth don't have:
  - » Extensive restoration, veneers, crowns or splints
  - » Periodontal disease or other condition that would cause the tooth to be in a weakened state prior to the injury
- Other body tissues of the mouth fractured or cut

An injury does not include damage caused by biting or chewing, even if due to a foreign object in food.

These treatments must be received within 12 months of the injury. If crowns, dentures, fixed bridgework or appliances are installed due to an injury, covered expenses include only the initial placement necessary to replace lost teeth. If necessary services can't be completed within 12 months of an injury, coverage may be extended if your dental care meets the plan's extension criteria. Premera must receive extension requests within 12 months of the injury date.

Outpatient facility and anesthesiologist services

General anesthesia and related outpatient facility services for dental procedures are covered when medically necessary for one of two reasons:

- The member is under the age of 7 or is disabled physically or developmentally and has a dental condition that can't be safely and effectively treated in a dental office.
- The member has a medical condition in addition to the dental condition needing treatment that the attending provider finds would create an undue medical risk if the treatment weren't done in a hospital or ambulatory surgical center.

This benefit will not cover the dentist's services unless the services are to treat a dental injury and meet the requirements described above.

Neurodevelopmental Therapy

Benefits are provided for the treatment of neurodevelopmental disabilities including autism for members under the age of 7 and cover neurodevelopmental therapy services to restore and improve function, develop a speech or body function delayed by neurological disease or to maintain function where significant physical deterioration would occur without the therapy. This benefit includes physical, speech and occupational therapy assessments and evaluations related to treatment of neurodevelopmental disabilities and/or autism.

Inpatient care

Benefits for inpatient facility and professional care are available up to 30 days per member each plan year. These services must be medically necessary and furnished and billed by a hospital or by a rehabilitation facility approved by Premera and will only be covered when services can't be done in a less-intensive setting.

Outpatient care

Benefits for outpatient care are subject to all of the following provisions:

- The member must not be confined in a hospital or other medical facility.
- Services must be furnished and billed by a hospital, rehabilitation facility approved by Premera, physician, physical, occupational or speech therapist or naturopath.

When the above criteria are met, benefits will be provided for physical, speech, occupational and massage therapy services.

What is not covered

- Services provided by a massage therapist
- Recreational, vocational or educational therapy; exercise or maintenance-level programs
- Social or cultural therapy
- Treatment that isn't actively engaged in by the ill, injured or impaired member
- Gym or swim therapy
- Custodial care

Nicotine-use Treatment

Starbucks medical plans cover treatment of nicotine use as long as you are not a full-time inpatient in either a hospital or treatment facility.

The treatment must be provided by a physician. Covered services include acupuncture, hypnotherapy and over-the-counter smoking-cessation aids, such as nicotine patches and gum.

The lifetime maximum benefit for this treatment is $500.

Prescription drugs are covered under the prescription drug benefit when there is not an over-the-counter equivalent. Prescription drug costs do not apply against your $500 nicotine-use treatment benefit.

What is not covered

- Nicotine replacement products, such as Habitrol, which are covered under the prescription drug benefit and for which there is not an over-the-counter equivalent
- Vitamins, minerals or other supplements
- Books or tapes
- Smoking-cessation programs

Obesity Treatment

Non-surgical weight management

Benefits for non-surgical weight management are covered on the same basis as any other covered condition, subject to the applicable benefits, limitations and exclusions.

Non-surgical weight management benefits include, but aren't limited to, coverage of the following outpatient medical services:

- Behavioral health visits
- Physical therapy visits
- Physician visits
- Related lab and diagnostic services

Surgical treatment of morbid obesity

Benefits for surgical treatment of morbid obesity are covered the same as any other covered condition, subject to the criteria listed below, applicable benefits, limitations and exclusions.

A benefit advisory is highly recommended if you are considering this approach to weight loss. For information on obtaining a benefit advisory, please contact Premera Partner Services at (877) 728-9020.

Coverage is available for surgical obesity procedures listed as medically necessary in the Premera Blue Cross medical policy when conservative measures have proven ineffective. Examples of conservative measures include, but aren't limited to, covered services under the non-surgical weight management benefit, diet and exercise programs.

To qualify for the surgical treatment for morbid obesity benefit, you must meet the following criteria:

- Diagnosed as morbidly obese with a Body Mass Index (BMI) greater than or equal to 40, or
- Overweight with a BMI greater than 35 with severe comorbidities, including but not limited to:
  - » Congestive heart failure disease (CHF)
  - » Coronary heart disease
  - » Diabetes
  - » Hyperlipidemia
  - » Hypertension
  - » Sleep apnea

What is not covered

- Procedures or treatments that Premera Blue Cross and its affiliates deem are experimental and investigational
- Surgical removal of excess abdominal, arm or other skin or liposuction unless medically necessary
- Over-the-counter medications for weight loss
- Liquid diet or fasting programs
- Other food replacement and nutritional supplements
- Membership in diet programs
- Health clubs
- Wiring of the jaw
- Weight management prescription drugs
- Nutritional therapy, except when provided as part of pre- and post-surgical treatment of morbid obesity

Pregnancy-Related Coverage

Starbucks provides comprehensive prenatal and pregnancy-related benefits that are designed to give you the medical attention you need during your pregnancy. The Your Care PPO plans cover one routine ultrasound per pregnancy. Additional ultrasounds are covered only when medically necessary. The Routine Care PPO plans cover ultrasounds for pregnancy only when medically necessary.

Pregnant Now or Planning to Become Pregnant?

Visit www.mysbuxben.com for information to help you plan and prepare for your pregnancy and baby. Visit the Pregnancy section of the site and calculate your due date, learn about your choices for prenatal and birth care, learn about development of the baby week-by-week, choose a birth class and birth partner, and more. After your baby arrives, visit Child Health Manager and track your baby's development.

Coverage for nurse midwives

Services of a nurse midwife will be covered when the nurse midwife is:

- Licensed or certified in accordance with the requirements of the state or jurisdiction of practice
- Practicing within the scope of the license or certification
- Rendering a service covered under Starbucks medical plan

Add Your Baby Within 60 Days of Birth

If you intend to cover your newborn under Starbucks health plans, you must enroll the child by calling Starbucks Benefits Center at (877) SBUXBEN within 60 days of the newborn's birth. See "Making Changes" on page 24 for more information.

Hospitalization for maternity stays

Maternity stays will be covered for a minimum of 48 hours following a normal delivery, and a minimum of 96 hours following a Cesarean section. However, the decision to discharge the mother or her newborn child before the expiration of the minimum length of stay is made by an attending provider in consultation with the mother.

Preventive Care

Benefits are provided for routine and preventive services performed on an outpatient basis. This benefit will be provided only when the covered services are furnished by network providers.

What the plans cover

The plans cover up to $500 per person per plan year for preventive care services. Covered services include:

- Routine physicals
- Well baby and child exams

- Women's annual exam
- Men's prostate exam
- School and sports physicals

Immunizations

Immunizations are covered and are not subject to the preventive-care maximum. Zoster (shingles) vaccine is limited to members age 60 and older. Vaccines and immunizations for overseas travel are not covered.

Flu shots are covered and are not subject to the preventive-care maximum.

For outpatient routine or preventive diagnostic services (including x-rays), please see "Laboratory, X-ray and Imaging Expenses" on page 68.

What is not covered

The following are not covered as preventive care services:

- Services for the diagnosis or treatment of a suspected or identified injury or disease
- Exams given while you are confined to a hospital or other facility for medical care
- Medicines, drugs, appliances, equipment or supplies
- Psychiatric, psychological, personality or emotional testing or exams
- Exams in any way related to employment
- Premarital exams
- Vision, hearing or dental exams
- A doctor's office visit solely in connection with immunization or testing for tuberculosis

Psychological and Neuropsychological Testing

Covered services are psychological and neuropsychological testing, including interpretation and report preparation, necessary to prescribe an appropriate treatment plan. This includes later re-testing to make sure the treatment is achieving the desired medical results.

Rehabilitation Therapy

Benefits for the following inpatient and outpatient rehabilitation therapy services are provided when such services are medically necessary to either:

- Restore and improve a bodily or cognitive function that was previously normal but was lost as a result of an injury, illness or surgery, or
- Treat disorders caused by physical congenital anomalies.

Please see "Neurodevelopmental Therapy" on page 73 for coverage of neurodevelopmental disabilities.

page
page
main table of contents
chapter table of contents
back
index
search

Inpatient care

Benefits for inpatient facility and professional care are available for up to 30 days per member each plan year. Inpatient facility services must be furnished in a specialized rehabilitative unit of a hospital and billed by the hospital or be furnished and billed by another rehabilitation facility approved by Premera, and will only be covered when services can't be done in a less-intensive setting. When rehabilitation follows acute care in a continuous inpatient stay, this benefit starts on the day that the care becomes primarily rehabilitative.

This benefit only covers care you receive within 24 months from the onset of the injury or illness or from the date of the surgery that made rehabilitation necessary. The care must also be part of a written plan of multidisciplinary treatment prescribed and periodically reviewed by a physician specializing in physical medicine and rehabilitation.

Outpatient care

Benefits for outpatient care are subject to all of the following provisions:

- You must not be confined in a hospital or other medical facility.
- Services must be furnished and billed by a hospital, rehabilitation facility approved by Premera, physician, physical, occupational, or speech therapist or naturopath.

When the above criteria are met, benefits will be provided for physical, speech, occupational and massage therapy services, including cardiac and pulmonary rehabilitation, up to a combined maximum benefit of 60 visits per member each plan year. Benefits are also included for physical, speech and occupational assessments and evaluations related to rehabilitation.

Chronic pain care

These services must also be medically necessary to treat intractable or chronic pain. Benefits for inpatient and outpatient chronic pain care are subject to the above rehabilitation therapy benefit limits. All benefit maximums apply. However, inpatient services for chronic pain care aren't subject to the 24-month limit.

What is not covered

- Services provided by a massage therapist
- Recreational, vocational or educational therapy; exercise or maintenance-level programs
- Social or cultural therapy
- Treatment that isn't actively engaged in by the ill, injured or impaired member
- Gym or swim therapy
- Custodial care
- Inpatient rehabilitation received more than 24 months from the date of onset of the member's injury or illness or from the date of the member's surgery that made the rehabilitation necessary

Special Nursing Care

Starbucks medical plans provide coverage for medically necessary special nursing care services prescribed by your doctor and provided by one of the following providers:

- Registered nurse (R.N.)
- Licensed practical nurse (L.P. N.)
- Nursing agency

Special nursing care includes:

- Private duty nursing by an R.N. or L.P.N. for up to 70 shifts per plan year
- Each period of private duty nursing, up to eight hours, will be considered one shift

What is not covered

- Nursing care that does not require the education, training and technical skills of an R.N. or L.P.N. — such as transportation, meal preparation, charting of vital signs and companionship
- Any private-duty nursing care provided while staying in a hospital or other health care facility
- Care provided to help you with daily living activities, such as bathing, feeding, grooming or dressing
- Care provided solely for the purpose of skilled observation unless it is care for one four-hour period per day for less than 10 consecutive days following:
  - » A change in patient medication
  - » The need for urgent or emergency medical services provided by a doctor, or the onset of symptoms indicating the likely need for such urgent or emergency medical services
  - » Surgery
  - » Release from inpatient confinement
- Any service provided solely to administer oral medication, except where applicable law requires that such medication be given by an R.N. or L.P.N.

Spinal and Other Manipulations

Benefits are provided for medically necessary spinal and other manipulations, by a provider other than a chiropractor, to treat a covered illness, injury or condition.

Non-manipulation services (including diagnostic imaging) are covered as any other medical service.

The Your Care PPO Plus plan provides coverage for the services of a chiropractor (see "Chiropractor Care" on page 60). The Your Care PPO Standard plan and the Routine Care PPO plans do not cover services provided by a chiropractor.

page
page
main table of contents
chapter table of contents
back
index
search

Surgery

Starbucks medical plans cover medically necessary inpatient and outpatient surgical services in such locations as a hospital, ambulatory surgical facility, surgical suite or provider's office. Also covered under this benefit are anesthesia and postoperative care.

Outpatient surgery

Starbucks medical plans cover charges made by the doctor and outpatient medical facility for medically necessary services and supplies that are given to you when you receive surgery on an outpatient basis, including:

- Surgeon's and assistant surgeon's fees
- Anesthetics and oxygen

Inpatient surgery

Coverage is provided for these medically necessary services when you need inpatient surgical care:

- Surgeon's and assistant surgeon's fees
- Daily room and board
- Anesthetics and oxygen
- Other inpatient hospital services and supplies

The plan covers mastectomy or breast reconstruction services necessary due to disease, illness or injury. For any member electing breast reconstruction in connection with a mastectomy, this benefit covers:

- Reconstruction of the breast on which mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Physical complications of all stages of mastectomy, including lymphedemas

Services are to be provided in a manner determined in consultation with the attending physician and the patient.

Colon Health

You have coverage for preventive and diagnostic colonoscopies, sigmoidoscopies and barium enemas, including charges for facility, anesthesia and professional services.

Preventive colon health services must be provided by a network provider to be covered.

What is not covered

The plans do not cover plastic surgery, reconstructive surgery (except as noted above), cosmetic surgery or any other services and supplies intended to improve, alter or enhance appearance — whether or not for psychological or emotional reasons. The exceptions are to improve the function of a body part (except teeth or supporting structures) malformed from a severe birth defect, disease or surgery, or to repair an injury that occurs while you are covered.

However, to be covered, surgery to repair an injury must be completed within 12 months of the accident causing the injury.

Sex-change operations or implants or treatment for gender disorders due to sexual dysfunction are not covered. Therapy, supplies, surgery and counseling for sexual dysfunction are not covered.

Call Premera About Any Hospital Procedures

It is a good idea to call Premera for any inpatient or outpatient hospital procedures recommended to you and learn what is and what is not covered. That way, you will understand your benefits and if a procedure requires medical necessity review. Call Premera at (877) 728-9020 for more information.

TMJ or MPD Treatment

Treatment related to temporomandibular joint disorder (TMJ) or myofacial pain dysfunction (MPD) must be medically necessary and coverage does not include the cost of surgery. TMJ disorders include those disorders that have one or more of the following characteristics: pain in the musculature associated with the temporomandibular joint, internal derangements of the temporomandibular joint, arthiritic problems with the temporomandibular joint or an abnormal range of motion or limitation of motion of the temporomandibular joint.

Covered services for these and similar diagnoses include:

- Splints
- Guards
- Mandibular orthopedic repositioning appliances

Exams, laboratory and x-ray services for TMJ or MPD are covered as any other medical condition.

What is not covered

The following TMJ and MPD charges are not covered by Starbucks medical plans:

- Charges to remove, repair, replace, restore or reposition teeth lost or damaged in the course of biting or chewing
- Surgical TMJ or MPD treatment
- Charges to repair, replace or restore fillings, crowns, denture or bridgework
- Periodontic treatment
- Dental cleaning, in-mouth scaling, planing or scraping
- Myofunctional therapy, including:
  - » Muscle therapy
  - » Training to correct or control harmful habits
- Diagnosis and nonsurgical treatment of a jaw joint disorder except as spelled out above

page
page
main table of contents
chapter table of contents
back
index
search

Transplants

This benefit covers medical services only if provided by network providers or approved transplant centers. Solid organ transplants and bone marrow/stem cell reinfusion procedures must not be considered experimental or investigational for the treatment of your condition. The plan reserves the right to base coverage on all of the following:

- Solid organ transplants and bone marrow/stem cell reinfusion procedures must meet the plan's criteria for coverage. The medical indications for the transplant, documented effectiveness of the procedure to treat the condition and failure of medical alternatives are all reviewed.
- The types of solid organ transplants and bone marrow/stem cell reinfusion procedures that currently meet the plan's criteria for coverage are:
  - » Heart
  - » Heart/double lung
  - » Single lung
  - » Double lung
  - » Liver
  - » Kidney
  - » Pancreas
  - » Pancreas with kidney
  - » Bone marrow (autologous and allogeneic)
  - » Stem cell (autologous and allogeneic)
- Your medical condition must meet the plan's written standards.

page
page
main table of contents
chapter table of contents
back
index
search

Approved transplant centers

The transplant or reinfusion must be furnished in an approved transplant center: a hospital or other provider with expertise in performing solid organ transplants, or bone marrow or stem cell reinfusion, and is approved by Premera. Premera has agreements with approved transplant centers and also has access to a special network of approved transplant centers around the country. Whenever medically possible, Premera will direct you to an approved transplant center that is contracted for transplant services.

Of course, if none of the approved transplant centers can provide the type of transplant you need, this benefit will cover a transplant center that meets written approval standards set by Premera.

Donor services

Covered services include:

- Selection, removal (harvesting) and evaluation of the donor organ, bone marrow or stem cell
- Transportation of donor organ, bone marrow and stem cells, including the surgical and harvesting teams
- Donor acquisition costs such as testing and typing expenses
- Storage costs for bone marrow and stem cells for a period of up to 12 months

Travel expenses

Benefits are provided for your expenses, as well as those of a companion, for transportation (airfare or mileage reimbursement) between home and the medical facility where you will receive the services related to a transplant.

The definition of a companion is someone whose presence is necessary to enable you to:

- Receive services
- Travel to and from a designated medical facility

Lodging expenses

Lodging expenses are covered, up to $50 per person per night, for you and a companion while traveling between home and the medical facility where you will receive the services related to a transplant.

A hospital or other temporary residence may be considered your "home" if it is the location:

- From which you travel to begin your treatment period at the medical facility
- To which you travel after being discharged at the end of a treatment period

Maximum benefits

All travel and lodging benefits related to a transplant procedure are limited to $10,000 per transplant. Benefits paid for travel and lodging expenses are not factored into your lifetime maximum medical benefits.

Limitations

Travel and lodging expenses do not include charges considered covered medical expenses under Starbucks medical plans.

Travel expenses do not include expenses incurred by more than one companion who is traveling with you. Lodging expenses do not include expenses incurred by more than one companion per night.

What is not covered

- Services and supplies that are payable by any government, foundation or charitable grant; this includes services performed on potential or actual living donors and recipients and on cadavers
- Donor costs for a solid organ transplant or bone marrow or stem cell reinfusion that aren't covered under this benefit or for a recipient who isn't a member
- Donor costs for which benefits are available under other group or individual coverage
- Non-human or mechanical organs, unless Premera determines they aren't "experimental/investigational services"
- Personal care items

Vision Therapy

Benefits are provided for medically necessary vision therapy, eye exercise or any sort of training to correct muscular imbalance of the eye (orthoptics) and pleoptics, subject to a lifetime maximum of 32 visits. Vision perceptive training or therapy is not covered.

What Is Not Covered

The items in this list are not covered by Starbucks medical plans administered by Premera. Please note this is not a complete list. Refer to each specific service to see what else is not covered under Starbucks medical plans.

General

- Charges for which you are not legally obligated to pay
- Charges you incurred before your coverage begins or after it ends
- Charges for the treatment of any condition related to or arising from previous or current employment or occupation or serving in the armed forces
- Services and supplies furnished by a governmental medical facility, except when:
  - » Your request for a benefit level exception for non-emergency care to the facility is approved
  - » You're receiving care for a "medical emergency"
  - » The plan must provide available benefits for covered services as required by law or regulation
- Charges you or your enrolled dependents incurred for illness or injury while incarcerated in a penal institution
- Benefits aren't available when coverage is available through:
  - » Motor vehicle medical or motor vehicle no-fault insurance
  - » Personal injury protection (PIP) coverage
  - » Boat coverage
  - » Commercial liability coverage
  - » Homeowner policy
  - » School or athletic policy
  - » Other types of liability insurance
  - » Workers' compensation or similar coverage
  - » Any excess insurance coverage
- Charges in excess of the allowable charge or maximum benefit for a covered service
- Charges for services and supplies that are not considered medically necessary by Premera for the diagnosis, care or treatment of a condition (this applies even if they are prescribed, recommended or approved by your doctor or dentist)
- Charges for treatment, services or supplies that are not part of a written treatment plan prescribed, recommended and approved by your attending doctor or dentist
- Charges for personal comfort or convenience items
- Services or supplies that you furnish to yourself or that are furnished to you by a provider who lives in your home or is related to you by blood, marriage or adoption, such as your spouse, parent or child
- Services or supplies provided by volunteers

- Services or supplies that are outside the scope of the provider's license or certification, or that are furnished by a provider that isn't licensed or certified by the state in which the services or supplies were received
- Services provided by a massage therapist
- Charges for emergency room treatment for conditions that are not considered medical emergencies
- Charges for treatments for learning disabilities or developmental delays
- Charges for care to provide surroundings free from exposure to factors that can worsen your disease or injury
- Charges for or related to these types of treatment:
  - » Primal therapy
  - » Rolfing
  - » Psychodrama
  - » Megavitamin therapy
  - » Bioenergetic therapy
  - » Carbon dioxide therapy
- Charges for broken appointments or completion of claim forms
- Charges for records and reports, except those requested for utilization review
- Charges for or related to sex-change surgery or to any treatment of gender identity disorders
- Any services related to or rendered in connection with a noncovered service
- Nutritional therapy, except when provided for the treatment of diabetes or as part of pre- and post-surgical treatment of morbid obesity
- Treatment of the mouth, jaws and teeth except as specifically described in the section "TMJ or MPD Treatment" on page 83
- Services and supplies (including drugs) rendered for cosmetic purposes and plastic surgery, whether cosmetic or reconstructive in nature, regardless of whether rendered to restore, improve, correct or alter the appearance or shape of a body structure, including any resulting direct or indirect complications and aftereffects; the only exceptions to this exclusion are:
  - » Repair of a defect that's the direct result of an injury, providing such repair is started within 12 months of the date of the injury
  - » Repair of a dependent child's congenital anomaly
  - » Reconstructive breast surgery in connection with a mastectomy as specified under "Surgery" on page 80
  - » Correction of functional disorders upon Premera's review and approval
- Procedures to lengthen or shorten the jaw (orthognathic or maxillofacial surgery), regardless of the origin of the condition that makes the procedure necessary; the only exception to this exclusion is for repair of a dependent child's congenital anomaly
- Drugs, supplies, equipment, or procedures to replace hair (transplants and implants), slow hair loss or stimulate hair growth; the only exception to this exclusion is for wigs, which are covered for alopecia caused by medical conditions or treatment of diseases

- Benefits for human growth hormone are only provided in the prescription drugs benefit; see the Prescription Drugs chapter for more information
- Hypodermic needles, syringes, lancets, test strips, testing agents and alcohol swabs used for self-administered medications, except as specified in the Prescription Drugs chapter
- Orthopedic shoes are excluded, except when:
  - » An integral part of a leg brace or prosthetic
  - » Furnished to selected diabetic members when specific criteria are met
- Foot orthotics, except rehabilitative foot orthotics when part of a post-surgical or traumatic casting care
- Education, special education or job training for any reason, whether or not given in a facility that also provides medical or psychiatric treatment
- Over-the-counter drugs, solutions, supplies, food, nutritional and dietary supplements (e.g., infant formulas or protein supplements). The only exception is for dietary formula that's medically necessary for the treatment of phenylketonuria (PKU); over-the-counter contraceptive drugs, supplies and devices; herbal, naturopathic, or homeopathic medicines or devices; hair analysis; and vitamins that don't require a prescription
- Diagnosis and treatment of sexual dysfunctions regardless of origin or cause; surgical, medical or psychological treatment of impotence or frigidity, including drugs, medications, or penile or other implants; and any resulting direct or indirect complications and aftereffects
- Any assisted fertilization techniques, regardless of reason or origin of condition including, but not limited to, artificial insemination, in vitro fertilization and gamete intra-fallopian transplant (GIFT) and any resulting direct or indirect complications
- Reversal of surgical sterilization, including any resulting direct or indirect complications
- Electronic, online or internet medical consultations or evaluations
- Cord blood harvesting and/or storage
- Organ, bone marrow and stem cell transplants, including any resulting direct or indirect complications and aftereffects, except as stated under "Transplants" on page 81

Custodial care

Custodial care, as determined by Premera, includes any portion of a service, procedure or supply that is provided primarily:

- For ongoing maintenance of the member's health and not for its therapeutic value in the treatment of an illness or injury
- To assist the member in meeting the activities of daily living. Examples are help in walking, bathing, dressing, eating, preparation of special diets and supervision over self-administration of medication not requiring constant attention of trained medical personnel

Eye and vision care

Eye and vision care includes exams, eyeglasses or contact lenses, vision perceptive training and cosmetic eye surgery, including surgery to correct refractive error. See the Vision chapter for details on coverage available through VSP.

Dental care

Dental care is not covered except as stated under "Mouth, Jaws and Teeth Conditions" on page 72 and "TMJ or MPD Treatment" on page 83. See the Dental chapter for more information about dental coverage.

Experimental or investigative services

Any service or supply that Premera determines is experimental or investigational on the date it's furnished and any resulting direct or indirect complications and aftereffects are not covered.

Experimental or investigational services include a treatment, procedure, equipment, drug, drug usage, medical device or supply that meets one or more of the following criteria as determined by Premera Blue Cross:

- A drug or device that can't be lawfully marketed without the approval of the U.S. Food and Drug Administration and hasn't been granted such approval on the date the service is provided.
- The service is subject to oversight by an Institutional Review Board.
- No reliable evidence demonstrates that the service is effective in clinical diagnosis, evaluation, management or treatment of the condition.
- The service is the subject of ongoing clinical trials to determine its maximum tolerated dose, toxicity, safety or efficacy. However, services that meet the standards set in the definition of "Oncology Clinical Trials" below in this section will not be deemed experimental or investigational.
- Evaluation of reliable evidence indicates that additional research is necessary before the service can be classified as equally or more effective than conventional therapies.

Reliable evidence includes reports and articles published in authoritative peer-reviewed medical and scientific literature and assessments and coverage recommendations published by the Blue Cross and Blue Shield Association Technical Evaluation Center (TEC).

Oncology clinical trials

Treatment that is part of a scientific study of therapy or intervention in the treatment of cancer being conducted at the phase 2 or phase 3 level in a national clinical trial sponsored by the National Cancer Institute or institution of similar stature, or trials conducted by established research institutions funded or sanctioned by private or public sources of similar stature. All approvable trials must have Institutional Review Board (IRB) approval by a qualified IRB.

The clinical trial must also be to treat cancer that is either life-threatening or severely and chronically disabling, has a poor chance of a positive outcome using current treatment, and the treatment subject to the clinical trial has shown promise of being effective.

An "oncology clinical trial" does not include expenses for:

- Costs for treatment that are not primarily for the care of the patient (such as lab services performed solely to collect data for the trial)
- Any drug or device provided as part of a phase I oncology clinical trial
- Services, supplies or pharmaceuticals that would not be charged to the member were there no coverage

- Services provided in a clinical trial that are fully funded by another source

The member for whom benefits are requested must be enrolled in the trial at the time of treatment for which coverage is being requested. We encourage you, your provider or the medical facility to ask Premera for a benefit advisory to determine coverage before you enroll in the clinical trial.

Occupational injuries or diseases

An occupational disease or injury is one that arises out of — or in the course of — any work for pay or profit.

Only nonoccupational accidental injuries and diseases are covered by Starbucks medical plans. A disease is nonoccupational, regardless of cause, if proof is furnished that the person is covered under any type of workers' compensation law but is not covered for that disease under such law.

When You Need Care Outside the U.S.

Through Premera, you have access to an international network of participating doctors and hospitals for a broad range of medical care services. When you need medical care outside the U.S.:

- For non-emergency medical care, call BlueCard Worldwide at 800-810-BLUE (2583) or collect at 804-673-1177. The BlueCard Worldwide Service Center is available 24 hours a day, 7 days a week and is staffed with multilingual representatives. They can help coordinate hospital care or make an appointment with a doctor for you.
- Visit the BlueCard Worldwide provider and show your medical plan ID card.
- For all outpatient care, office visits or prescriptions, pay the provider or pharmacy and submit a claim to Premera Blue Cross. See "How to File a Claim" on page 89.
- If inpatient care was arranged by the BlueCard Worldwide Service Center, the provider will file the claim. You only pay the out-of-pocket expenses required by your plan (deductible, copayments, coinsurance and any non-covered services).
- If the hospitalization was not arranged by BlueCard Worldwide, you pay the provider and submit a claim to Premera Blue Cross.
- For emergency care outside of the U.S., go to the nearest hospital. If you're admitted, call BlueCard Worldwide at 800-810-BLUE (2583) or collect at 804-673-1177. Emergency care is covered at the highest benefit level, regardless of whether the facility or provider is part of the BlueCard network.

How to File a Claim

If you visit a network provider, your provider will bill Premera directly. There are no claim forms for you to complete.

You may be required to file a claim if you visit a provider not contracted with Premera. Your claim must give proof of the nature and extent of the loss. Mail your claim to the address shown on your Premera ID card.

You can request a claim form online at www.mysbuxben.com and link to the Forms/Resources page. Or contact Premera Partner Services at 877-728-9020 to request a claim form.

page
page
main table of contents
chapter table of contents
back
index
search

The deadline for filing a claim for any benefits is 90 days after the date of the loss causing the claim. If, through no fault of your own, you are not able to meet the deadline for filing a claim, your claim will still be accepted if you file as soon as possible. Unless you are legally incapacitated, late claims will not be covered if they are filed more than two years after the date of service.

You may check on the payment status of your claim by linking to Premera's website from www.mysbuxben.com or by calling Premera at (877) 728-9020.

If you believe there is an error in the determination of your claim, you may file an appeal. See "Benefits Claims" on page 245 for more information regarding appeals.

Claim Procedures

Premera will make every effort to process your claims as quickly as possible and will notify you in writing if your plan won't cover all or part of the claim no later than 30 days after it is received. The time limit can be extended by up to 15 days if it's decided that more time is needed due to matters beyond Premera's control. Premera will let you know before the 30-day time limit ends if they need more time.

If Premera needs more information from you or your provider in order to decide your claim, they'll ask for that information in the notice and allow you or your provider at least 45 days to send the information. In such cases, the time it takes to get the information to Premera doesn't count toward the decision deadline. Once Premera receives the information they need, they have 15 days to give you the decision.

If your claim was denied, in whole or in part, Premera's written notice will include:

- The reasons for the denial and a reference to the provisions of this plan on which it's based
- A description of any additional information needed to reconsider the claim and why that information is needed
- A statement that you have the right to appeal the decision
- A description of the plan's complaint and appeal processes

If there were clinical reasons for the denial, you'll receive a letter stating these reasons.

At any time, you have the right to appoint someone to pursue the claim on your behalf. This can be a doctor, lawyer or a friend or relative. You must notify Premera in writing and give Premera the name, address and telephone number where your appointee can be reached.

View Your Claims Status Online

On Premara Online, link from the Health Plans page at www.mysbuxben.com. You can view the claim payment status for your medical, mental health, chemical dependency, dental and pharmacy claims by covered family members and by date of service. If the claim processing has been completed, you can view details about how the claim was paid, including whether a deductible or copay applied and the date of payment.

page
page
main table of contents
chapter table of contents
back
index
search

If you disagree with the claim determination

If your claim for benefits is denied, either in whole or in part, you may appeal the claim denial by following the process described in "Appealing Denial of Claims" on page 246.

Questions?

If you have questions about your medical plan, call:

- Premera at (877) 728-9020
- HMSA at (877) 430-8092
- Kaiser California HMO at (800) 464-4000
- Kaiser Hawaii HMO at (800) 966-5955

page
page
main table of contents
chapter table of contents
back
index
search